

**Political Organization
Report of Contributions and Expenditures**

OMB No 1545-1696

► See Separate instructions.

A For the period beginning **January 1**, 20 **13** and ending **June 30**, 20 **13**

B Check applicable boxes ☐ Initial report ☐ Change of address ☐ Amended report ☒ Final report

1 Name of organization **Restore Wisconsin's Image and Reputation** **Employer identification number**
45:4939480

2 Mailing address (P.O. Box or number, street, and room or suite number)

3618 Spring TRL

City or town, state, and ZIP code

Madison, WI 53711-2920

3 E-mail address of organization

kristinedandrews@yahoo.com

4 Date organization was formed

April 2, 2012

5a Name of custodian of records

James A. Blank

5b Custodian's address

N73W5341 Georgetown Dr.

Cedarburg, WI 53012-1527

6a Name of contact person

Morris D. Andrews

6b Contact person's address

3618 Spring TRL

Madison, WI 53711-2920

7 Business address of organization (if different from mailing address shown above) Number, street, and room or suite number

City or town, state, and ZIP code

8 Type of report (check only one box)

a ☐ First quarterly report (due by April 15)

b ☐ Second quarterly report (due by July 15)

c ☐ Third quarterly report (due by October 15)

d ☐ Year-end report (due by January 31)

e ☒ Mid-year report (Non-election
year only-due by July 31)

f ☐ Monthly report for the month of _____
(due by the 20th day following the month shown above, except the
December report, which is due by January 31)

g ☐ Pre-election report (due by the 12th or 15th day before the election)

(1) Type of election _____

(2) Date of election _____

(3) For the state of _____

h ☐ Post-general election report (due by the 30th day after general election)

(1) Date of election _____

(2) For the state of _____

9 Total amount of reported contributions (total from all attached Schedules A).

9

0

10 Total amount of reported expenditures (total from all attached Schedules B).

10

0

**Sign
Here**

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete

Signature of authorized official **James A. Blank**

Date **July 1, 2013**

For Paperwork Reduction Act Notice, see separate instructions.

Cat No 30406G

Form **8872** (11-2002)

SCANNED JUN 8 2013

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Schedule A Itemized ContributionsSchedule A page **1** of **1**

Name of organization

Employer identification number**Restore Wisconsin's Image and Reputation****45-4939480**

Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Subtotal of contributions reported on this page only. Enter here and also include this amount in the total on line 9 of Form 8872 ▶		\$ 0

Schedule B Itemized Expenditures		Schedule B page 1 of 1
Name of organization Restore Wisconsin's Image and Reputation		Employer identification number 45 4939480

Recipient's name, mailing address and ZIP code Associated Bank 202 State Street Madison, WI 54501	Name of recipient's employer NA	Amount of expenditure \$ 5.00
	Recipient's occupation NA	Date of expenditure 1/14/2013
Purpose of expenditure Bank service fee.		

Recipient's name, mailing address and ZIP code Associated Bank 202 State Street Madison, WI 54501	Name of recipient's employer NA	Amount of expenditure \$ 5.00
	Recipient's occupation NA	Date of expenditure 2/14/2013
Purpose of expenditure Bank service fee.		

Recipient's name, mailing address and ZIP code Associated Bank 202 State Street Madison, WI 54501	Name of recipient's employer NA	Amount of expenditure \$ 5.00
	Recipient's occupation NA	Date of expenditure 3/14/2013
Purpose of expenditure Bank service fee.		

Recipient's name, mailing address and ZIP code Associated Bank 202 State Street Madison, WI 54501	Name of recipient's employer NA	Amount of expenditure \$ 5.00
	Recipient's occupation NA	Date of expenditure 4/14/2013
Purpose of expenditure Bank service fee.		

Recipient's name, mailing address and ZIP code Associated Bank 202 State Street Madison, WI 54501	Name of recipient's employer NA	Amount of expenditure \$ 5.00
	Recipient's occupation NA	Date of expenditure 5/14/2013
Purpose of expenditure Bank service fee.		

Recipient's name, mailing address and ZIP code Associated Bank 202 State Street Madison, WI 54501	Name of recipient's employer NA	Amount of expenditure \$ 5.00
	Recipient's occupation NA	Date of expenditure 6/14/2013
Purpose of expenditure Bank service fee.		

Subtotal of expenditures reported on this page only Enter here and also include this amount in the total on line 10 of Form 8872		\$ 30.00
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